

ACE American Insurance Company
Philadelphia, PA. 19103

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY

2002-2003

POLICY TERM

The insurance under Thomas Jefferson National Accelerator Facility's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on October 1, 2002. The Annual Policy terminates at 12:01 a.m. on October 1, 2003 or at the end of the period through which premiums are paid.

ELIGIBILITY

All Graduate Student Research Assistants of the Thomas Jefferson National Accelerator Facility are eligible to enroll in the Student Accident and Sickness Insurance Plan as described in this brochure.

EFFECTIVE DATE AND TERMINATION OF COVERAGE

An eligible Student's coverage becomes effective on the later of October 1, 2002, or the date the Enrollment Form and full premium are received by the Company or Program Administrator. Coverage will remain in effect for the Period of Coverage selected in the Enrollment Form by the Student.

The insurance for an Insured Person shall terminate on the first of the following dates: 1) the date the Policy is terminated; 2) the premium due date if the required premium for the Insured Person is not paid; 3) the date the Insured Person enters military service, in which case a pro-rata refund of premium will be made to such Insured Person; or 4) the end of the Period of Coverage.

Termination of insurance for an Insured Person shall be without prejudice to any claim which starts prior thereto.

DEPENDENT COVERAGE

Student Users enrolled in this Plan may also enroll their spouse and/or unmarried child(ren) under the age of 19. A child born to an Insured Student or insured dependent spouse shall be covered for injury, sickness, congenital defects, birth abnormalities, pre-maturity and routine nursery care associated with a Sickness for 31 days from the date of birth. To continue coverage beyond the 31-day period, the Insured Student must complete and return the Enrollment Form to the Program Administrator. An adopted child of the insured Student will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue for an adopted child unless the placement is disrupted and the child is removed from placement.

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Medical Expense Benefits: If Injury or Sickness occurs during the Period of Coverage and the Insured Person requires medical or surgical treatment, We will pay 100% of the Usual and Customary Expenses incurred, up to a maximum of \$5,000 per Injury or Sickness and then 80% of the Usual and Customary Expenses incurred up to the Aggregate Maximum of \$50,000 per covered Injury or Sickness.

Covered Expenses: To be considered a Covered Expense under this Plan, it must: 1) have been incurred and as a result of a covered Sickness or Injury during the Period of Coverage; 2) not be excluded by the provisions of this Plan; 3) be Medically Necessary; and 4) be specifically included in the following list of charges:

- Charges for hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation.
- Charges for treatment by a Doctor/surgeon.

- Charges for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, plaster casts, surgical dressing.
- Charges for use of an ambulance up to a \$100.00 maximum per covered Injury or Sickness.
- Charges for treatment of biologically based mental illness.
- Charges for Medically Necessary treatment of cleft lip, cleft palate or ectodermal dysplasia rendered to a newborn child.
- Charges for routine and necessary immunizations for newborn children from birth to 36 months.
- Charges for annual cytologic screening (pap smears) or more frequently if recommended by a Doctor, and annual testing performed by any FDA approved gynecologic cytology screening technologies. Benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.
- Charges for home treatment of hemophilia and congenital bleeding disorders.
- Charges for Mammography Examination. We will pay for the following: 1) one baseline mammogram for any woman thirty-five through forty years of age; or 2) a mammogram every year for any woman forty years of age or older.
- Charges for reconstructive breast surgery following mastectomy.
- Charges for inpatient coverage following mastectomy for a minimum stay in hospital of not less than 48 hours for a patient following a radical or modified radical mastectomy and not less than 24 hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for the treatment of breast cancer.
- Charges for early intervention services up to \$5,000 per Insured Person, per Period of Coverage. Early intervention services, means Medically Necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. Sections 1471 et seq.).
- Charges for Prostate cancer screening. We will pay benefits for one PSA test in a 12-month period and digital rectal examinations to persons age 50 and over, or age 40 and older if at high risk for prostate cancer (according to the most recently published guidelines of the American Cancer Society.)
- Charges for Colorectal cancer screening. We will pay benefits for colorectal cancer screening with an annual fecal occult test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiological imaging.
- Coverage for clinical trial costs for patient costs incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.
- Charges for laparoscopy-assisted vaginal hysterectomy and vaginal hysterectomy.
- Diabetes coverage. Covered Expenses include charges for diabetes, including benefits for equipment, supplies and in-person outpatient self-management training and education by qualified professionals, including medical nutrition therapy, treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non insulin-using diabetes if prescribed by a qualified health care professional
- Charges for Hospice care services for terminally ill individuals.
- Charges for Mental Health and Substance Abuse.

When the Insured Person receives:

1) inpatient treatment in:

- a) a hospital or mental health facility for the treatment of a mental or nervous condition; or
- b) a hospital, alcohol or drug rehabilitation facility, or Intermediate Care Facility for treatment of physiological or psychological dependence on alcohol or substance abuse,

We will pay benefits for charges incurred on the same basis as any other covered Sickness, up to 20 days of inpatient treatment per Policy Term for Insured Persons age 19 and older, and up to 25 days of inpatient treatment per Policy Term for Insured Persons under age 19. Up to ten days of inpatient treatment benefits may be converted, when Medically Necessary at the option of the Insured Person, to 1.5 days of Partial Hospitalization coverage for each inpatient day of coverage.

2) outpatient treatment in:

- a) a hospital or mental health facility for the treatment of a mental or nervous condition; or
- b) a hospital, alcohol or drug rehabilitation facility, or Intermediate Care Facility for treatment of physiological or psychological dependence on alcohol or substance abuse,

We will pay 100% of the charges incurred, up to five visits and thereafter 50% of charges incurred, up to a maximum of 20 visits per Policy Term.

EXTENSION OF BENEFITS

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term expense, but only while they are incurred during the 90 day period following such termination of Insurance.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment, except for treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge by the Thomas Jefferson National Accelerator Facility's health service, infirmary, or hospital, or by health care providers employed by Thomas Jefferson National Accelerator Facility.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefor.
4. Injury due to participation in a riot.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from declared or undeclared war; or any act thereof.
7. Injury or Sickness for which benefits are payable under any Workers Compensation or Occupational Disease Law.
8. Injury sustained or Sickness contracted while in service of the Armed Forces of any country. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person.
9. Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Treatment by an immediate family member.
11. Routine Physicals, elective treatment or elective surgery, except as specifically provided.
12. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder.
13. Cosmetic or plastic surgery except as the result of an Injury occurring while this Plan is in force as to the Insured Person.
14. Expenses covered by any other valid and collectible group medical, health or accident insurance.
15. Treatment of mental or nervous disorders except as specifically provided.
16. Treatment of substance abuse except as specifically provided.
17. For foreign students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
18. Routine physicals, preventive medicines, serums, vaccines or oral contraceptives as prescribed.
19. Blood Plasma, except charges by a hospital for the processing of administration of blood.
20. Voluntary or elective abortions except as specifically provided.
21. Pre-existing conditions as defined.
22. For services, supplies or treatment; including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature.
23. For expenses as a result of or in connection with the commission of a felony offense.
24. Suicide, attempted suicide, or intentionally self-inflicted injury.
25. While the Insured Person is intoxicated or under the influence of any drug unless taken as prescribed by a Doctor. Intoxication will be determined according to the laws of the jurisdiction in which the Injury occurred.
26. Injury resulting from the play or practice of intercollegiate sports, including intercollegiate club sports.
27. Expense incurred for the treatment of temporomandibular joint dysfunction and associated myofascial pain.

DEFINITIONS

You, Your or Yours means the Insured Student.

We, Us or Our means ACE American Insurance Company.

Insured Person means an Insured Student and their dependent(s) while insured under this Plan.

Doctor means: a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an immediate family member; or 3) retained by Thomas Jefferson National Accelerator Facility.

Injury means bodily injury that: a) is caused by an accident that occurs while coverage is in force as to the person whose Injury is the basis of claim; and b) results directly and independently of all other causes in a covered loss. All Injuries due to the same accident are considered one Injury.

Intermediate Care Facility means a licensed, residential public or private facility that is not a hospital and that is operated primarily for the purpose of providing a continuous, structured twenty-four-hour per day, state-approved program of inpatient substance abuse services.

Medically Necessary means a covered accident and Sickness: 1) is essential for diagnosis, treatment or care of the Injury or Sickness for which it is prescribed or performed; and 2) meets generally accepted standards of medical practice; and 3) is ordered by a Doctor and performed under his or her care, supervision or order.

Sickness means illness or disease which is first diagnosed or treated by a doctor while coverage is in force with regard to the person whose sickness is the basis of claim. Sickness includes complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

Pre-existing Condition means an Injury or any Sickness or condition which was contracted or which manifested itself, or for which a licensed physician was consulted; or for which treatment or medication was prescribed within 12 months prior to the effective date of the Insured Person's coverage under this Plan. Pre-existing conditions shall be excluded from coverage for a period of 12 months following the effective date of coverage under this Plan.

Partial Hospitalization means a licensed or approved day or evening treatment program that includes the major diagnostic, medical, psychiatric and psychosocial rehabilitation treatment modalities designed for patients with mental, emotional, or nervous disorders who require coordinated, intensive, comprehensive and multi-disciplinary treatment. Such a program shall provide treatment over a period of six or more continuous hours per day to Insured Person's who are not admitted as inpatients.

Usual and Customary Charge(s) means a charge that: 1) is made for a covered Accident and Sickness Medical Service; and 2) does not exceed: a) the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or b) the Hospital's most common charge for semi-private room and board for a Hospital room and board charge; and 3) does not include charges that would not have been made if there were no insurance.

CLAIM PROCEDURES

For your convenience, We have arranged for the Denbigh Medical Center to provide medical services. You will need to present your insurance ID card and your Jefferson Lab badge to properly identify yourself. If you do not receive medical services at the Denbigh Medical Center please follow the following procedures:

In the event of an Injury or Sickness the Insured Person should:

1. Notify the Claims Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete the claim form in full, sign it, and have the Attending Doctor Statement completed by the Doctor.
3. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Administrative Concepts, Inc. at the address below.
4. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to, the Claims Administrator at the address below.

REMEMBER THAT EACH COVERED INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION.

The Plan is Underwritten By:



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ACE American Insurance Company
1601 Chestnut Street
Philadelphia, PA. 19103

Program Arranged By:
CMI Insurance Specialists
1447 York Road, Suite 400
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Phone 410-583-2595, Fax 410-583-8244
www.studyabroadinsurance.com

Claims Administrator:
Administrative Concepts, Inc.
997 Old Eagle School Road
Suite 215
Phone 610-293-9229, 888-293-9229, Fax 610-293-9299
Wayne, PA 19087-1706
www.visit-aci.com

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLMN00109125 issued to Trustee of ACE USA Travel Insurance Trust in the District of Columbia on behalf of Thomas Jefferson National Accelerator Facility in Virginia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.